

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90085 040 \*\*\*150.00

DOCUMENT # *P00000094522*

1. Entity Name

*Main Street Bedding Inc*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*947 N Main Street*  
Suite, Apt. #, etc.

3. Mailing Address

*Same*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Gainesville Florida*

City & State

4. FEI Number

*59-3676029*

Applied For

Not Applicable

Zip  
*72609*

Country

*ATACHUA*

Zip

*32609*

Country

*ATACHUA*

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*PHILIC BEVERLY*

Street Address (P.O. Box Number is Not Acceptable)

*5011 505*  
*408 West University Ave*

City

*Gainesville, Florida*

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Philic Beverly*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*32601-5287*  
*3-11-2003*

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Linda Downia President*  
*4731 SW 76th Ter*  
*Gainesville, Florida 32608*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Alex Downia Sec*  
*4731 SW 76th Ter*  
*Gainesville, Florida*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Philic Beverly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-11-2003*

Date

Daytime Phone #

CR2E034B (12/02)